

CODE OF STUDENT BEHAVIOR CONTRACT

I have read and discussed the Code of Conduct and Discipline Policy with my student. **We both understand that cell phones, iPods and other electronic equipment have no place in Hillel High School**, and that if found “out” or “in use”, they will be confiscated until I can come and pick them up.

Student Signature

Parent Signature

Student's name and grade

Date

SPECIAL NEEDS FORM

Dear Parents,

If you have a child with special needs, please provide us with the following information to help make his/her Hillel High School experience a successful one. This information is **strictly confidential** and accessible only to those involved in his/her education at the synagogue.

Child's name _____ Grade _____

Address _____ Phone _____

In school, my child is in a (please circle):

- Regular classroom with modifications
- Self-contained class with mainstreaming
- Resource room
- Self contained class

In school, my child receives the following modifications (please circle):

- Changes in the pace of instruction
- Extended time for assignment completion
- Reduced pencil/paper tasks
- Behavioral management systems
- Social supports (buddy system,
Sensitization of classmates)
- Taped texts
- Seating
- Other: _____

On the back, please include a descriptive summary about your child including strengths and weaknesses, past Religious School experience and suggestions of what academic, social, emotional and or physical modifications would be beneficial to your child for the next school year.

Would you like to have a conference with your child's teacher?

Do we have permission to contact your child's school?

If yes, please provide:

Teacher's name _____

School name _____

Phone number _____

Signature of Parent or Guardian

Date

VOLUNTEER SLIP

We need the help of our parents in a variety of ways. If you would like to volunteer, please fill out this form and return it to the school office.

NAME OF PARENT _____

NAME OF STUDENT _____ **GRADE** _____

PHONE NUMBER: _____

E-MAIL _____

I would like to:

_____ Help with purchases/go shopping for some Hillel events

_____ Drive to/from a Hillel offsite event.

_____ Other

THANK YOU!!!

FIELD TRIP AUTHORIZATION FORM

You have my permission to take my child _____ on all field trips throughout the year.

I release Beth Yeshurun and its personnel of any responsibility while in transit.

Parent's Signature _____

Parent's name (printed) _____

Date _____

PHOTOGRAPH PERMISSION SLIP

Throughout the year we take pictures of our students engaged in a variety of activities.

These pictures are used in our school or used for publicity announcements in periodicals (e.g. The Jewish Herald-Voice, The Houston Chronicle or The Message) or on the Beth Yeshurun Website

Please fill out the information below authorizing the use of your child's photograph.

Student's name: _____ Grade: _____

_____ I give consent for my child's photograph to be published in the Jewish Herald Voice, The Chronicle and/or The Message.

_____ I do not give consent for my child's photograph to be published in the Jewish Herald Voice, The Chronicle and/or The Message.

_____ I give consent for my child's photograph to be published on the Beth Yeshurun website.

_____ I do not give consent for my child's photograph to be published on the Beth Yeshurun website.

Parent's signature: _____

Parent's name (printed): _____

Date: _____